

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

SECRETARY OF THE SENATE

14 APR 18 AM 11:26

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Jeff Merkley for Oregon

ADDRESS (number and street)

PO Box 14172



Check if different than previously reported. (ACC)

Portland

CITY

OR

STATE

97293

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00437277

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

OR

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2) and/or Semi-annual Report



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE) and/or Semi-annual Report



July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7) and/or Semi-annual Report



Oct 20 (M10)



Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Special (12S)



Convention (12C)

Election on

MM / DD /

MM / DD /

in the State of

MM / DD /

MM / DD /

This report also covers the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

MM / DD /

in the State of

MM / DD /

MM / DD /

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

MM / DD /

MM / DD /

2014

through

MM / DD /

MM / DD /

2014

and/or

January 1 - June 30

July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

67317.27

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Neely

Signature of Treasurer

Kevin Neely

Date

MM / DD /

MM / DD /

MM / DD /

FEC FORM 3L

02/2009

Office
Use
Only

14020272126